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**TO: Economic Support Supervisors
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W-2 Agencies
Workforce Development Boards
Job Center Leads and Managers**

**FROM: Amy Mendel-Clemens
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BHCE/BWP OPERATIONS MEMO

No: 04-16

DATE: 03/25/2004

FS	<input type="checkbox"/>	MA	<input checked="" type="checkbox"/>	SC	<input type="checkbox"/>
CTS	<input type="checkbox"/>	CC	<input type="checkbox"/>	W-2	<input type="checkbox"/>
FSET	<input type="checkbox"/>	EA	<input type="checkbox"/>	CF	<input type="checkbox"/>
JAL	<input type="checkbox"/>	JC	<input type="checkbox"/>	RAP	<input type="checkbox"/>
WIA	<input type="checkbox"/>	WtW	<input type="checkbox"/>		
Other	EP	<input type="checkbox"/>	★		

PRIORITY: HIGH

SUBJECT: Wisconsin's 2004 Medicaid Eligibility Quality Control Project

CROSS REFERENCE

IM County Contracts
Medicaid Eligibility Handbook, 34.0.0 (Corrective Action)
DWD Benefit Recovery Accounting Manual

EFFECTIVE DATE: April 1, 2004

PURPOSE

This memo provides local agencies with information about the 2004 Medicaid Eligibility Quality Control (MEQC) project and expectations for local agency cooperation.

BACKGROUND

States are required by federal regulations to conduct annual Medicaid (MA) quality control projects. States can choose whether to sample from the entire MA population, or conduct special studies that focus on a specific group of MA recipients. MEQC evaluations are an important source of information for program improvement efforts.

For the past several years, Wisconsin has conducted special studies that focus on a particular coverage group, policy or process rather than a broad quality control review of the entire MA population. For FFY 2004, Wisconsin will conduct a study that measures the effects of program simplification and streamlined verification policies on the accuracy of EBD MA cost sharing determinations.

POLICY

PROJECT GOALS

The goals of the 2004 MEQC project are to:

- ◆ Assess the impact of program simplification and streamlined verification policies and procedures on the accuracy of EBD MA cost sharing determinations.
- ◆ Identify areas for cost savings and program improvement.
- ◆ Establish baseline data so that program improvements can be more effectively measured.
- ◆ Evaluate the impact that program simplification and streamlined verification policies and procedures have had on customer service and measure the rate at which the mail-in application option is utilized.
- ◆ Obtain feedback and suggestions from local agency workers who manage EBD MA cases.

PROJECT OVERVIEW

The methods utilized to accomplish our evaluation goals include case reviews and surveys of EBD MA recipients and the eligibility workers who manage EBD MA cases.

Active Case Reviews

A random sample of 600 cases will be reviewed to determine if the cost sharing (e.g. patient liability, cost share, premium, deductible) amount was correct. The sample is limited to cases where full-benefit EBD MA was certified between October 2003 and March 2004. The EBD MA case types included in this evaluation are listed below:

- ◆ SSI-related Medicaid
- ◆ Institutional Medicaid
- ◆ Community Waivers Programs
- ◆ Family Care
- ◆ Medicaid Purchase Plan

For EBD MA cases selected for a quality assurance review, self-reported income amounts will be compared to information available through data exchanges. The recipient and/or third parties will be contacted when additional information is needed to determine whether the cost sharing determination was correct. In addition, verification will be sought to determine the accuracy of income allocations and any deductions (e.g. medical/remedial expenses, health insurance premiums) that were used to reduce the cost-sharing amount.

Terminated/Denied Case Reviews

A random sample of EBD MA terminations and denials that resulted from failure to provide verification and which occurred between October 2003 and March 2004 will be selected. Approximately 210 of those cases will be reviewed to determine if the termination or denial was correct, and if requirements for timely notice were provided. Information gathered from this evaluation will be used as a basis for corrective action to prevent future incorrect MA denials and terminations.

Surveys

Client surveys will be administered to collect specific information about the application process, customer satisfaction and the level of assistance that the applicant received. Potential trends and/or differences between application methods will be explored.

In addition, DHCF will develop an online survey to obtain feedback and suggestions from local agency workers who manage EBD MA cases.

PROCESS

The Department of Health Care Financing (DHCF) will be conducting case reviews from April through December 2004 and needs assistance from local agency staff in the following ways:

CONTACT INFORMATION

Identify a contact person in your county/tribal IM agency for MEQC communication. Notify DHCF of this person's name, title, mailing address, telephone number and e-mail address no later than April 10, 2004. Send by mail, electronic mail or fax to:

Division of Health Care Financing
Attention: Vicki Jessup, BHCE
P.O. Box 309
Madison, WI 53701
FAX: 608/267-2269
Email: jessuvl@dhfs.state.wi.us

Notify us if there are any changes to the contact information during the project life cycle.

CASE FILE REVIEW

For all cases selected for review, coordinate with the QA Review staff to arrange case file review at the local agency or by mail. If the QA Review staff requests that the file be mailed, s/he will provide you with mailing materials and the address where the case file needs to be sent. QA Review staff will make arrangements to have the case file picked up at the local agency on the agreed-upon date. The QA Review staff will attempt to return the case file to the local agency within one week after receipt.

FINDINGS

The MEQC contact will be notified of the results of the QA review. If the eligibility determination is considered to be correct, no further action is needed. If a potential eligibility error is identified, the agency will be contacted with specific findings.

If after review of case circumstances you disagree with the finding, communicate the reason in writing (e-mail or regular mail) to the DHCF reviewer within 14 days. DHCF staff may contact you by phone to further discuss case circumstances.

If the final determination is that an eligibility error occurred, initiate corrective action within 30 days. Corrective action may include:

- ◆ Re-determination, restoration and/or termination of MA eligibility.
- ◆ Requesting verification or additional information from the client or a third party.
- ◆ Initiating the benefit recovery process when it is determined that an overpayment occurred due to client error.

Notify DHCF staff about the corrective action that was taken

CONTACTS

BHCE CARES Information & Problem Resolution Center

★Program Categories – FS – Food Stamps, MA – Medicaid, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – Food Stamp Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WtW – Welfare to Work, WIA – Workforce Investment Act, Other EP – Other Employment Programs.